## PART B - FEE(S) TRANSMITTAL

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| INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifica                                                                                                                                                                                                                                                           | form should be used correspondence including below or directed of tions.            | for transm<br>ng the Pat<br>herwise in | itting the ISSU<br>ent, advance or<br>Block 1, by (a |                                                                                                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                  | hould be completed where<br>correspondence address as<br>arate "FEE ADDRESS" for   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                                             |                                                                                     |                                        |                                                      |                                                                                                                                                                                                  |                                        | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                                   |                                                  |                                                                                    |  |
| 21254                                                                                                                                                                                                                                                                                                                                                    | 7590 10/31                                                                          | /2006                                  |                                                      |                                                                                                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                  |                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                          | ELLECTUAL PR<br>RTHOUSE ROAD                                                        | ROUP, PLLC                             | I he<br>Sta<br>add<br>trai                           | ereby certify that the tes Postal Service was discovered to the Mail namitted to the USP                                                                                                         | is Fee(s<br>tith suf<br>Stop<br>TO (57 | of Mailing or Trans<br>s) Transmittal is being<br>ficient postage for fir<br>ISSUE FEE address<br>1) 273-2885, on the d                                                                                                                                                                       | g deposited with the United<br>st class mail in an envelope<br>above, or being facsimile<br>late indicated below. |                                                  |                                                                                    |  |
| VIENNA, VA Z                                                                                                                                                                                                                                                                                                                                             | 2102-3017                                                                           |                                        |                                                      | *                                                                                                                                                                                                | L                                      |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                  | (Depositor's name)                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                        |                                                      |                                                                                                                                                                                                  | L                                      | HAN                                                                                                                                                                                                                                                                                           | ) DE                                                                                                              | LIVERED                                          | (Signature)                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                        |                                                      |                                                                                                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                  | (Date)                                                                             |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                          | APPLICATION NO. FILING DATE                                                         |                                        |                                                      | FIRST NAMED INVEN                                                                                                                                                                                | ATTORNEY DOCKET NO.                    |                                                                                                                                                                                                                                                                                               |                                                                                                                   | CONFIRMATION NO.                                 |                                                                                    |  |
| 09/893,598 06/29/2001                                                                                                                                                                                                                                                                                                                                    |                                                                                     |                                        |                                                      | Yoshinori Uchiyan                                                                                                                                                                                | 01USFP644-M.K. 6524                    |                                                                                                                                                                                                                                                                                               |                                                                                                                   | 6524                                             |                                                                                    |  |
| TITLE OF INVENTION<br>SYSTEM USING THE S                                                                                                                                                                                                                                                                                                                 |                                                                                     | . CIRCUI                               | T IN WHICH                                           | POWER CONSUMP                                                                                                                                                                                    | TIC                                    | ON IS REDUCED                                                                                                                                                                                                                                                                                 | AND S                                                                                                             | SEMICONDUCTOR                                    | CIRCUIT                                                                            |  |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                              | SMALL ENTITY                                                                        | SMALL ENTITY ISSUE FEE DUE             |                                                      | PUBLICATION FEE D                                                                                                                                                                                |                                        | PREV. PAID ISSUI                                                                                                                                                                                                                                                                              | E FEE                                                                                                             | TOTAL FEE(S) DUE                                 | DATE DUE                                                                           |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                           | NO \$1400                                                                           |                                        | \$1400                                               | \$300                                                                                                                                                                                            |                                        | \$0                                                                                                                                                                                                                                                                                           |                                                                                                                   | \$1700.                                          | 01/31/2007                                                                         |  |
| EXAMINER                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                        | RT UNIT                                              | CLASS-SUBCLASS                                                                                                                                                                                   | 3                                      | ]                                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                  |                                                                                    |  |
| XIAO, KE                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                        | 2629                                                 | 345-211000                                                                                                                                                                                       |                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                  |                                                                                    |  |
| 1. Change of corresponde<br>CFR 1.363).                                                                                                                                                                                                                                                                                                                  |                                                                                     |                                        | patent front page, lis                               |                                                                                                                                                                                                  | , McCinn                               | IP Law Group, PLL                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                  |                                                                                    |  |
| CFR 1.303).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.                                                                                                                                                                                                                                            |                                                                                     |                                        |                                                      | or agents OR, alternatively,                                                                                                                                                                     |                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                  |                                                                                    |  |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.                                                                                                                                                                                                           |                                                                                     |                                        |                                                      | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                  |                                                                                    |  |
| B. ASSIGNEE NAME A                                                                                                                                                                                                                                                                                                                                       | ND RESIDENCE DATA                                                                   | A TO BE                                | PRINTED ON T                                         | THE PATENT (print o                                                                                                                                                                              | r ty                                   | /pe)                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                  | <del></del>                                                                        |  |
| PLEASE NOTE: Uni                                                                                                                                                                                                                                                                                                                                         | ess an assignee is ident                                                            | ified belo                             | w, no assignee                                       | data will appear on the                                                                                                                                                                          | he p                                   | patent. If an assign                                                                                                                                                                                                                                                                          | ee is id                                                                                                          | dentified below, the d                           | locument has been filed for                                                        |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTY) 09893598 |                                                                                     |                                        |                                                      |                                                                                                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                  | 09893598                                                                           |  |
| NEC Electronics Corporation                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                        |                                                      | Kawasal                                                                                                                                                                                          | ki                                     | , Kanagawa 1                                                                                                                                                                                                                                                                                  | 504<br>504                                                                                                        | oan                                              | 1400.00 OP<br>300.00 OP                                                            |  |
| Please check the appropr                                                                                                                                                                                                                                                                                                                                 | iate assignee category or                                                           | categorie                              | s (will not be pr                                    | inted on the patent):                                                                                                                                                                            |                                        | Individual Co                                                                                                                                                                                                                                                                                 | <b>២២1</b><br>orporati                                                                                            | on or other private gre                          | 15.69 0P<br>oup entity Government                                                  |  |
| 4a. The following fee(s)                                                                                                                                                                                                                                                                                                                                 | are submitted:                                                                      |                                        |                                                      | . Payment of Fee(s): (                                                                                                                                                                           |                                        | ase first reapply ar                                                                                                                                                                                                                                                                          | ıy prev                                                                                                           | iously paid issue fee                            | shown above)                                                                       |  |
| Issue Fee                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                        |                                                      | A check is enclos                                                                                                                                                                                |                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                   | (Dofinia                                         | maioa (mlist)                                                                      |  |
| <ul> <li>☑ Publication Fee (No small entity discount permitted)</li> <li>☑ Advance Order - # of Copies</li> </ul>                                                                                                                                                                                                                                        |                                                                                     |                                        |                                                      | Payment by credit card. Form PTO-2038 is attached. (Deficiencies Only) The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any                            |                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                  |                                                                                    |  |
| Advance Order - 1                                                                                                                                                                                                                                                                                                                                        | of Copies                                                                           |                                        |                                                      | overpayment, to I                                                                                                                                                                                | Dep                                    | osit Account Number                                                                                                                                                                                                                                                                           | sr_50.                                                                                                            | $\underline{-0481}$ (enclose a                   | in extra copy of this form).                                                       |  |
| _ ~ .                                                                                                                                                                                                                                                                                                                                                    | tus (from status indicate                                                           | -                                      |                                                      |                                                                                                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                                  | ED 105( )(0)                                                                       |  |
| 1.1                                                                                                                                                                                                                                                                                                                                                      | s SMALL ENTITY state                                                                |                                        |                                                      |                                                                                                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                   | FITY status. See 37 C                            |                                                                                    |  |
| nterest as shown by the                                                                                                                                                                                                                                                                                                                                  | records of the United Sta                                                           | ites Patent                            | and Trademark                                        | Office.                                                                                                                                                                                          | ıan                                    | the applicant, a regi                                                                                                                                                                                                                                                                         | stered a                                                                                                          | attorney of agent, of the                        | he assignee or other party in                                                      |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                     | Auto                                                                                | rik                                    | _Cao                                                 | pil                                                                                                                                                                                              |                                        | Date                                                                                                                                                                                                                                                                                          | Janu                                                                                                              | ary 17, 2007                                     | 7                                                                                  |  |
| Typed or printed name Frederick E. Cooperrie                                                                                                                                                                                                                                                                                                             |                                                                                     |                                        |                                                      | er, Esq.                                                                                                                                                                                         |                                        | Registration N                                                                                                                                                                                                                                                                                | lo                                                                                                                | 36,769                                           |                                                                                    |  |
| This collection of inform<br>in application. Confiden-<br>submitting the completed                                                                                                                                                                                                                                                                       | ation is required by 37 C<br>tiality is governed by 35<br>I application form to the | CFR 1.311<br>U.S.C. 12<br>USPTO.       | The information 22 and 37 CFR Time will vary         | on is required to obtain<br>1.14. This collection i<br>depending upon the                                                                                                                        | or<br>s es<br>indi                     | retain a benefit by the stimated to take 12 revidual case. Any co                                                                                                                                                                                                                             | he publ<br>ninutes<br>mment                                                                                       | to complete, includir<br>s to the amount of time | d by the USPTO to process) ng gathering, preparing, and me you require to complete |  |

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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